# **BOARD OF COUNTY COMMISSIONERS**

## **AGENDA ITEM SUMMARY**

Meeting Date: Decemi	<u>ber 17, 2003</u>	Divis	sion: County Administrator
Bulk Item: Yes X	No	. Depa	rtment: Fire Rescue
	d Request for Grant D		or to execute an EMS County Grant te of Florida Department of Health,
is authorized by Chapt funds are derived from	ter 401, Part II, Florid n surcharges on the fir eligible county govern	a Statutes to distribut nes for various traffic nments to improve an	Emergency Medical Services (EMS) e county grant funds. County grant violations. A portion of these funds d expand their pre-hospital emergency equired.
~ ~	nsibility of the counti	es and EMS agencies	e funded under this grant program. and organizations. Furthermore, budget allocations.
submitted is a request	for the purchase of ele I salary reimbursemen	ectronic reporting tab nt. This purchase will	\$87,800.72. The application being lets and software along with expand Monroe County Fire Rescue rescue systems.
PREVIOUS RELEV	ANT BOCC ACTIO	N: None.	
CONTRACT/AGRE	EMENT CHANGES	S: This is not a contra	ct.
STAFF RECOMME	NDATIONS: Approv	val.	
TOTAL COST: 0.00	BUDO	GETED: Yes	No <u>N/A</u>
COST TO COUNTY	': <u>0.00</u> <b>SOU</b> R	RCE OF FUNDS: <u>Gr</u>	<u>ant</u>
REVENUE PRODUC	CING: Yes No	<u>N/A</u> AMOU	NT PER MONTHYear
APPROVED BY: Co	unty Atty <u>YES</u> OM	B/Purchasing N/A	Risk/Management N/A
DEPARTMENT HE	AD APPROVAL:	Clark O. Martin, Jr.	Martot)
DIVISION DIRECT	OR APPROVAL:	James L. Roberts	
DOCUMENTATION	N: Included X	To Follow	Not Required
DISPOSITION:	<del></del>	<del></del>	AGENDA ITEM # C4
Revised 1/03			

#### RESOLUTION NO. -2003

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY. FLORIDA. AUTHORIZING CHAIRMAN TO EXECUTE AN EMS COUNTY GRANT APPLICATION AND RELATED REQUEST FOR GRANT DISTRIBUTION TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY **MEDICAL SERVICES** 

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ... MONROE COUNTY, FLORIDA, as follows:

The Chairman is hereby authorized to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Burcau of Emergency Medical Services, and copies of same being attached hereto.

The monies from the EMS County Grant will improve and expand the County's pre-hospital EMS system to include the area municipal fire rescue systems.

The grant monies will not be used to supplant existing County EMS budget allocations.

PASSED AND ADOPTED by the Be Florida, at a regular meeting of said Board held	oard of County Commissioners of Monroe County, on the day of, 2003.
	Mayor Nelson Mayor Pro Tem Rice Commissioner Spehar Commissioner Neugent Commissioner McCoy
	BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY FLORIDA
(SEAL) Attest: DANNY L.KOLHAGE, Clerk	By:Mayor/Chairman
By:	MONROE COUNTY ATTORNEY  APPROVED AS TO FORM:

PAGE

S/I

ROBERT W. WOLFE

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# EMS COUNTY GRANT APPLICATION

#### FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

### Complete all items

Complete all Helles
ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank) C
1. County Name: Monroe County (Monroe County Board of County Commissioner)
Business Address: 490 63rd Street, Suita 160
Marathon, FL 33050
Telephone:
Federal Tax ID Number (Nine Digit Number). VF5 9 6 0 0 0 7 4 9
2. Certification: (The explicant signatory who has authority to sign contracts, grants, and other legal:
documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall
comply fully with the conditions outlined in the Florida EMS County Grant Application.
Signature: Date:
Printed Name: Murray E. Nelson
Position Title: Mayor
3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has
responsibility for the implementation of the grant activities. This person is authorized to sign project
reports and may request project changes. The signer and the contact person may be the same.)
Name: Clark O. Martin, Jr.
Position Title: Fire Chief
Address: 490 63rd Street, Suite 160
Marathon, FL 33050
7005 000 700
Telephone: (305) 289-6004 Fax Number: (305) 289-6336
E-mail Addross: martin-clark@monroecounty-fl.gov
4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant
funds will improve and expand the county pre-hospital EMS system and will not be used to supplant
current levels of county expenditures.
& Herdratt Complete a budget pencils for each association to the little and the l
5. Budget: Complete a budget page(s) for each organization to which you shall provide funds.  List the organization(s) below. (Use additional pages if necessary)
Est the digamentation below. (Ose additional pages it tieressury)
Key Largo Volunteer Ambulance Corps. (KLVAC)
Ocean Reef Public Safety (ORPS)
**************************************
DH Form 1684, Rev. June 2002 MONROE COUNTY A TOHNEY
APPROVED AS TO FORM:
Tol. hold
ROSERT AT WOLFE
3 CHIEF ASSISTANT COUNTY ATTORNEY
Dete

PACE IVI

NOV-26-03 09:03 FROM: MONROE COUNTY ATTY OFFICE 1D:3052923516

#### BUDGET PAGE 1 OF 2 (KLVAC)

Δ	Salar	46 3	nd	Hen	efits:
-					

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Selarles	
FOTAL FICA Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the Item and, if applicable, the quantity	'Amount
Training which would include salary relabursement	:
for employees	12,600.00
	<del></del>
	14000 000
TOTAL	\$ 12,600.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature with a normal expected life of one (1) year or more.

List the Item and, if applicable, the quantity		Amount	
Pen-based FMS field data collection and reporting.	·	201100.05	*****
<u> </u>	-	79 433.26	
	<del> </del>		
	┼	•	<b>-</b> ∤
TOTAL	\$	79,433.26	
Grand Total	\$_9	2,033.26	**

DH Form 1684, Rev. June 2002

## BUDGET PAGE 2 OF 2 (ORPS)

OTAL Salaries	the total number of hours. Amougt
OTAL Salaries	
OTAL Salaries	i· ,
OTAL Salaries	;
OTAL Salaries	
OTAL Salaries	
O1742 CONGRESS	
OTAL FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an egency, such as, commodities and supplies of a consumable nature excluding expenditures classified

Amount
8,400.00
8,400.00
6,400.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable neture with a normal expected life of the fixtures.

List the item and, if applicable, the quantity		Amount	7
Pen-based EMS data collection and reporting			
ystem		52.955.50	4
	—	<del>.</del> .	$\dashv$
	<u> </u>		7
TOTAL	<u>s</u>	52,955.50	1
Grand Total	ş <u>61</u> ,	355.50	1
H Form 1684. Rev. June 2002	ــــــــــــــــــــــــــــــــــــــ		إ_

\*\* \$92,033.26 + 61,355.50 = \$153,388.76; broke down as follows: Includes roll-over funds of \$63,007.63 with accrued interest of \$2,580.41 through September 30, 2003, in the amount of \$65,588.04, and FY 2004 share of \$87,800.72 - TOTAL: \$153,388.76.

#### FLORIDA DEPARTMENT OF HEALTH **EMS GRANT PROGRAM**

# REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the requests an EMS grant EMS.	he provisio ant fund dis	ns of Section 401.1 stribution for the Imp	13(2)(a), F. S., the ur provement and expan	ndersig sion of	ned hereby 'pre-hospit	, ai
DOH Remit Paymer	nt To:	rd of County Com	missioners, Monro	e_Co <u>ur</u>	ity, FL	
_	•	63rd Street				<b>^4</b>
	Мат	athon. FL 33050	·		<u>, </u>	•
Federal Ident	lification nu	mber_59-6000-749		<u>.</u>		
Authorized O	fficial:	Şignature			Date	
1		Murray E. Nelson	, Mayor Type Name and Title	<del>.=</del> -		
	•	return this page wi Florida Departmer BEMS Grant F 1052 Bald Cyprass 1	rogram	•		
Do not write below t	7	Tallahass <del>ee</del> , Florida		rvices	personnel (	only
Grant Amount For St	_		Grant ID: Co	de:		-
Approved By : Signal	ture of EMS	S Grant Officer		-i	Date	
State Fiscal Year				j.	1	
<u>Organization Code</u> 64-25-60-00-000	<u>E.O.</u> N_	<u>OCA</u> N2000	Object Code 7		•	;
Federal Tax ID:	VF		•			ļ
Grant Beginning Date	e: October	1, Grant (	Ending Date: Septen	nber 30	)	!
DH Form 1767P, Rev. Ju	me 2002	······································	<del></del>			

MONROE COUNTY ATTORNEY APPBOYED AS TO FORM:

CHIEF ASSISTANT COUNTY ATTORNEY